



Substance Abuse and Mental Health Services Administration
SAMHSA
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Behavioral Health is Essential To Health



Prevention Works

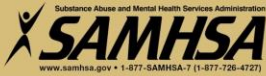





Treatment is Effective




People Recover




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SAMHSA priorities and projects



PBHCI Grantee Meeting
 Austin TX • June 2017





TODAY'S TOPICS

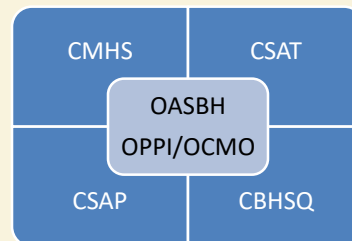


- SAMHSA
- Treatment and Recovery optimization for persons with AMI and SMI
- Facing our Opioid epidemic

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About SAMHSA

- One of several agencies in the HHS family of agencies
- The 21st Century Cures Act (Dec 2016) elevated SAMHSA leadership to the Assistant Secretary level
- Activities: Block grant, grants and contracts, congressionally mandated
- General organization:



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Other Health and Human Services Federal Agencies

- CMS/CMMI
- CDC
- FDA
- NIH
 - NIDA
 - NIAAA
 - NIMH
- AHRQ
- HRSA
- Surgeon General
- Other partners:
 - VA
 - DOD
 - ONDCP

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Office of the Chief Medical Office



- created in the 21st Century Cures Act
- Main Functions:
 - Liaison with professionals and providers
 - Evaluation and performance of SAMHSA programs
 - Promote EBP
 - Agency wide Strategic Planning

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SAMHSA Role in optimizing treatment and recovery of persons with Schizophrenia and SMI

“Legacy”

- Block Grants to states (CSAT/CSAP and CMHS)
- Advance the profession of peer support specialists
- Minority Fellowship grants that support early career professionals
- PBHCI grants: increasing access through integration

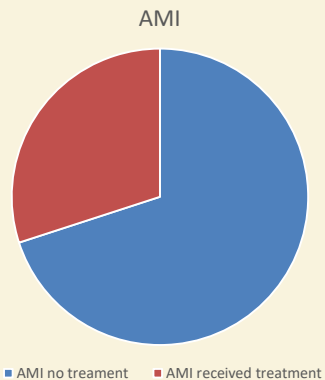
New and Emerging

- Study Assisted Outpatient Treatment (PAMA)
- Suicide prevention strategies including the Zero Suicide Initiative
- Clozaril resources
- System capacity and access to acute treatment services
- Financing Team
- Treatment Planning

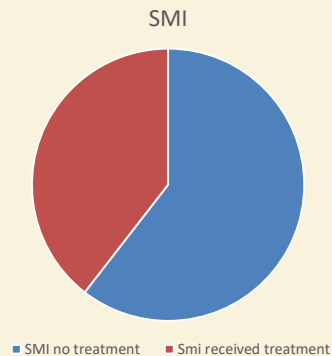
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Majority of those with AMI and SMI do not receive treatment Receipt of Treatment NSDUH 2015

AMI 43.4 million adults



SMI 9.8 million adults



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Disengagement From Treatment

- > one-third of individuals with serious mental illnesses who have had some contact with the mental health service system disengage from care.
- Younger age, male gender, ethnic minority background, and low social functioning have been consistently associated with disengagement from mental health treatment.
- Individuals with co-occurring psychiatric and substance use disorders, as well as those with early-onset psychosis, are at particularly high risk of treatment dropout.

Julie Kreyenbuhl, Ilana R. Nossel, Lisa B. Dixon **Disengagement From Mental Health Treatment Among Individuals With Schizophrenia and Strategies for Facilitating Connections to Care: A Review of the Literature**
Schizophr Bull (2009) 35 (4): 696-703.

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Interventions for engagement

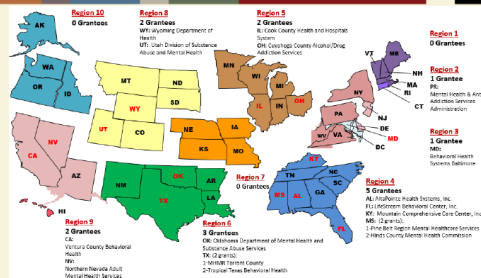
- High risk periods for disengagement: transition after admission and early in treatment
- low-intensity interventions: appointment reminders
- high-intensity interventions: assertive community treatment, AOT, street psychiatry
- <https://academic.oup.com/schizophreniabulletin/article/35/4/696/1908629/Disengagement-From-Mental-Health-Treatment-Among>

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Assisted Outpatient Treatment

- 4-2014 Authorizing Legislation: the *Protecting Access to Medication Act of 2014*, Section 224
- 12-2015 funds appropriated
- 4-2016 SAMHSA funding announcement.
- 6-2016 applications received deadline
- 9-2016 Selections announced

AOT Grantees by HHS Region



Slide 8



ADAMHSBCC in Ohio is a participant

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Policy Debate: Value of AOT

- ➔ AOT: Assisted outpatient treatment
 - Outpatient Civil Commitment
- ➔ Pro: AOT facilitates engagement
- ➔ Con: AOT is forced coercive treatment
- ➔ Majority of states have some form of AOT law
- ➔ Very variable application in many states

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Other Issues with AOT

- Should NOT be a substitute for treatment
- Duration of 6 months seems to be more effective than shorter duration
- Comparison AOT vs not AOT at 12-month follow-up
 - Lower risk of suicide
 - Better social functioning
 - Less likely to perpetrate violent behavior

(Phelan et al., Effectiveness and Outcomes of Assisted Outpatient Treatment in New York State [Volume 61, Issue 2, February, 2010](#), pp. 137-143 PSYCHIATRIC SERVICES February 2010 Volume 61 Number 2 2010) <https://doi.org/10.1176/ps.2010.61.2.137>.

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CCBHC

Section 223 Demonstration Program
for Certified Community Behavioral
Health Clinics



- Minnesota
- Missouri
- New York
- New Jersey
- Nevada
- Oklahoma
- Oregon
- Pennsylvania

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Implementation Science SAMHSA as Purveyor

- Evidence-> nothing changes
- Evidence -> something happens -> practice and/or behavior changes
- “something happens” is purveyor role
 - Passive information: almost always no change
 - Information and “Role play”: some to little change
 - Information with ongoing “coaching” case based supervision: best chance for behavior change

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ECHO Model

- Problem: Underutilization of Clozaril and other interventions for treatment resistant SMI
- <https://www.nasmhpd.org/content/clozapine-underutilizationaddressing-barriers>
- ECHO model: Current: for opiate treatment



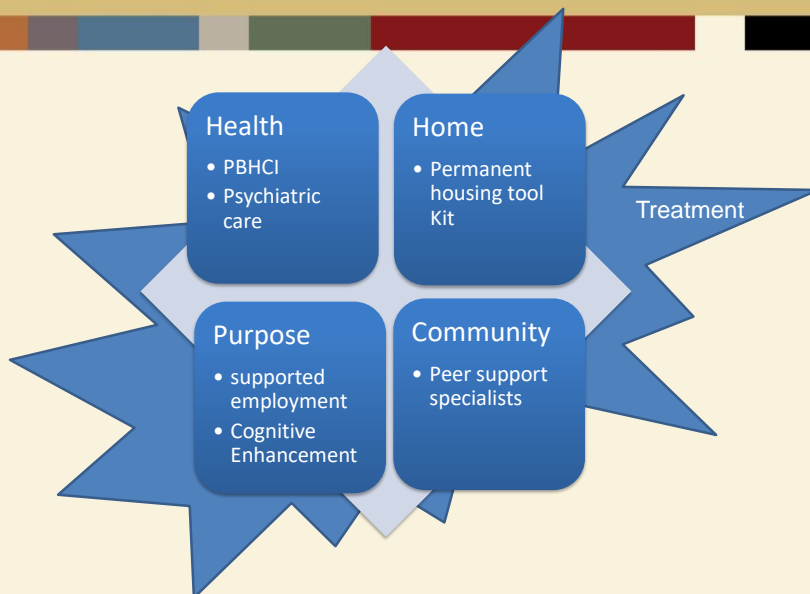
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Psychiatric Bed Shortage

- Working with Treatment Advocacy Center and National Association of State Mental Health Program Directors to develop estimates of access to hospital beds and **community treatment capacity**
- Beds per 100,000 is the standard metric
 - Developed countries often have 50-70 beds per 100,000
 - Us has about 20 beds per 100,000
- Cognitive enhancement therapy techniques to enhance Supported employment success rates

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Other Resources/projects SMI



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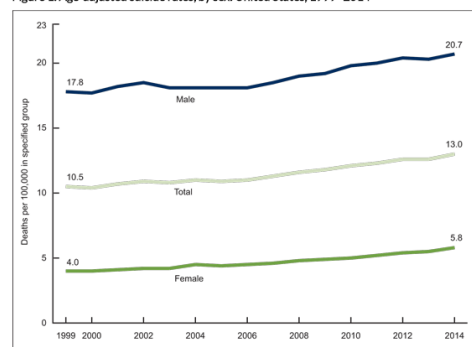
New SAMHSA Resource: Treatment Guidelines

- ➔ New resource for patients and families
- ➔ General information on commonest mental disorders in adults and children and first line treatments
 - Therapy
 - Medication
 - Other issues

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US Suicide Rates are rising

Figure 1. Age-adjusted suicide rates, by sex: United States, 1999–2014

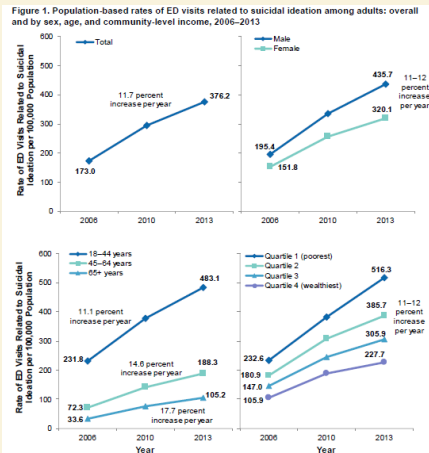


NOTES: Suicide deaths are identified with codes U03, X60–X84, and Y87.0 from the *International Statistical Classification of Diseases and Related Health Problems, Tenth Revision*. [Access data table for Figure 1](#).

SOURCE: NCHS, National Vital Statistics System, Mortality.

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Rates of ED visits with suicidal Ideation

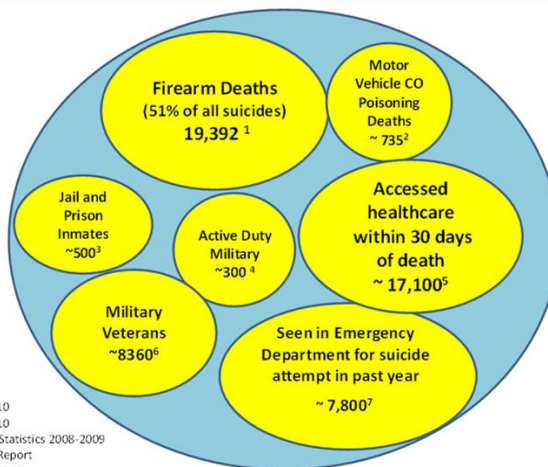


SAMHSA resources:

- Tool kit
- Children
- Adults
- SUD
- College Campus
- American Indian resources

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Deconstructing Suicide Deaths in the U.S.



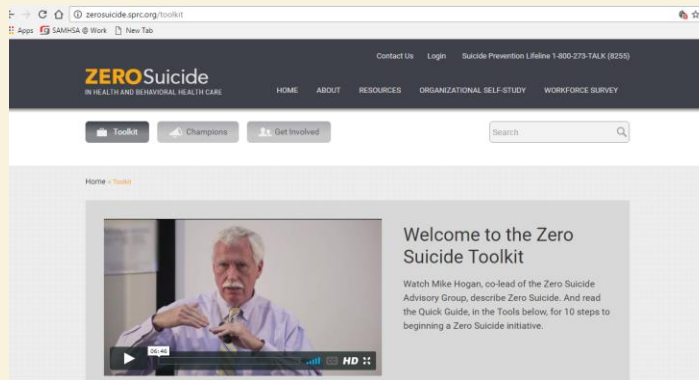
Data Sources:

1. CDC WISQARS 2010
2. CDC WONDER 2010
3. Bureau of Justice Statistics 2008-2009
4. DoDSER CY 2011 Report
5. Trofimovich et al 2012
6. Department of Veterans Affairs 2012
7. CDC WISQARS 2010 & Owens et al, 2002

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Recent focus: Zero Suicide

→ “We want to make healthcare Suicide Safe”



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New potential partners for addressing today's Behavioral Health shortage

→ LHD Licensure

- CHA
- Health Strategist
- New partners
- Include BH and SUD


→ Cities Thrive

- Sylvester Turner, Mayor of Houston, TX
- Steve Adler, Mayor of Austin, TX
- Jeff Williams, Mayor of Arlington, TX

→ Health Systems

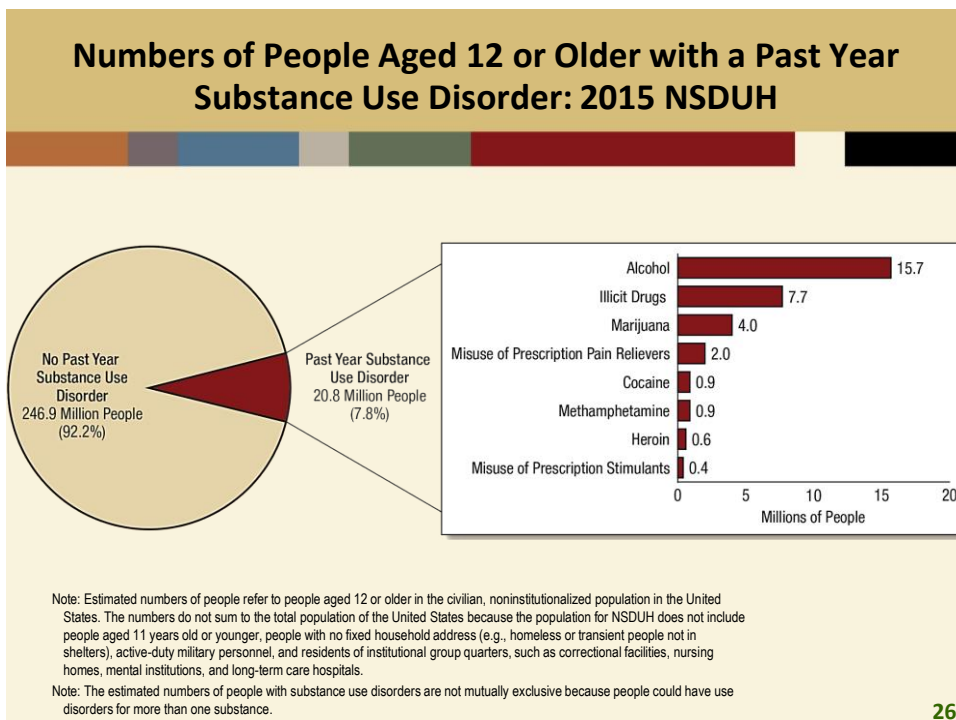
- ACO (700+)
- Value Based care
- 30 day readmission rate
- CHNA
- High use individuals
- Intensive primary care
- Transition guides and Case Managers
- CHW/Navigators

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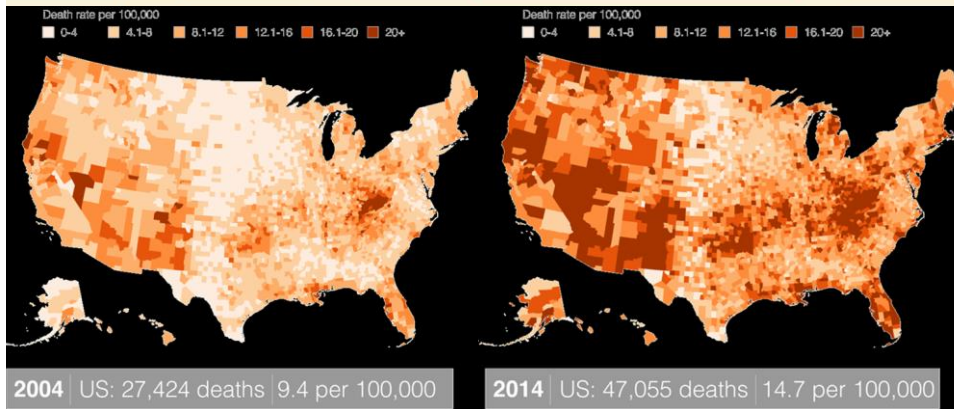


FACING ADDICTION

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DRUG POISONING MORTALITY BY U.S. COUNTY: 2004 & 2014

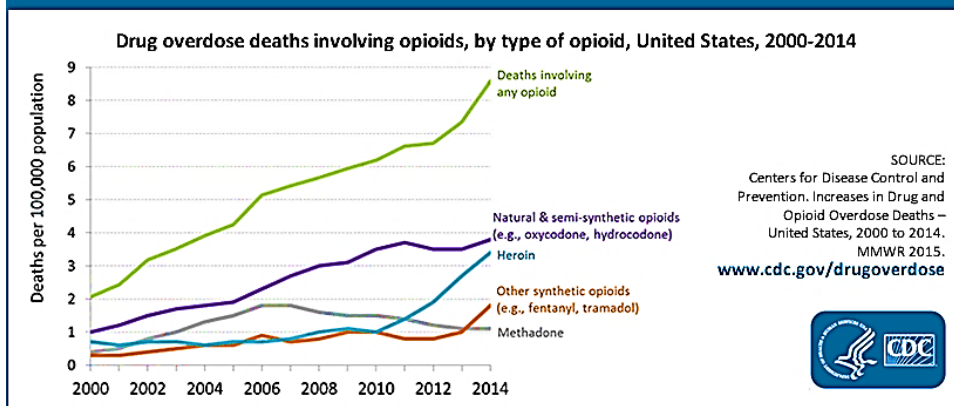


Rate of deaths from drug ODs has increased 137% since 2000, including a 200% increase in the rate of ODs involving opioids.

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OPIOID OVERDOSES ARE DRIVING the INCREASE in drug overdose deaths

Opioid overdoses driving increase in drug overdoses overall



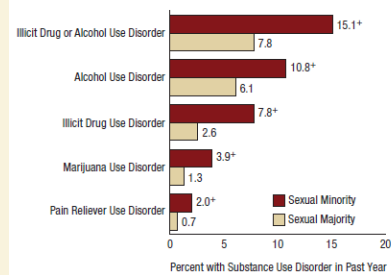
<https://www.cdc.gov/drugoverdose/data/statedeaths.html>

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NEW Data: Substance Use Disorders

- ➔ Sexual minority adults were more likely than sexual majority adults to have disorders related to their use of alcohol, use or misuse of illicit drugs, use of marijuana, or misuse of pain relievers.

Figure 11. Substance Use Disorder in the Past Year among Sexual Minority and Sexual Majority Adults Aged 18 or Older: Percentages, 2015



* Difference between this estimate and the sexual majority estimate is statistically significant at the .05 level.

Note: The estimated percentages of people with substance use disorders are not mutually exclusive because people could have use disorders for more than one substance.

Note: Sexual minority adults identified as being lesbian, gay, or bisexual. Sexual majority adults identified as being heterosexual or straight.

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State Targeted Capacity Grants



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SAMHSA to award nearly \$1 billion in new grants to address the nation's opioid crisis

Wednesday, December 14, 2016

The Substance Abuse and Mental Health Services Administration (SAMHSA) today announced the availability of new funding to combat the prescription opioid and heroin crisis. The funds, made available through the State Targeted Response to the Opioid Crisis Grants, will provide up to \$970 million to states and territories over the next two years, beginning in fiscal year 2017.

"This funding holds the promise of saving and restoring thousands of lives throughout our nation," said Deputy Assistant Secretary for Mental Health and Substance Use Kana Enomoto. "These grants will allow communities; particularly those most devastated by the opioid crisis, to provide services that can promote prevention and deliver treatment and recovery to people needing help."

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Pregnant and Post Partum women


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Newsroom » Press Announcements » SAMHSA is accepting applications for up to \$47.5 million for the Services Grant Program for Residential Treatment for Pregnant and Postpartum Women

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SAMHSA is accepting applications for up to \$47.5 million for the Services Grant Program for Residential Treatment for Pregnant and Postpartum Women

Tuesday, February 28, 2017

The Substance Abuse and Mental Health Services Administration (SAMHSA) is accepting applications for the Services Grant Program for Residential Treatment for Pregnant and Postpartum Women totaling up to \$47.5 million over five years.

The purpose of this program is to expand comprehensive treatment, prevention and recovery support services for women and their children in residential substance use disorder treatment facilities, including services for non-

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SAMHSA FY2017 TREATMENT DRUG COURTS


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Grants » Grant Announcements » Grants to Expand Substance Abuse Treatment Capacity in Adult Treatment Drug Courts and Adult Tribal Healing to Wellness Courts

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Grants to Expand Substance Abuse Treatment Capacity in Adult Treatment Drug Courts and Adult Tribal Healing to Wellness Courts

Short Title: SAMHSA Treatment Drug Courts

Initial Announcement

Funding Opportunity Announcement (FOA) Information

FOA Number: TI-17-001

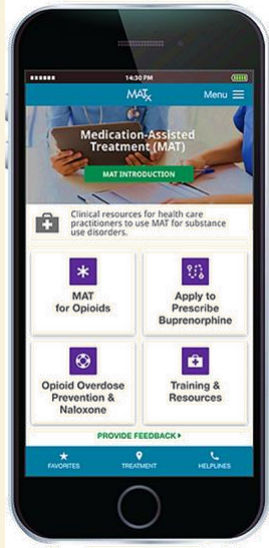
Posted on Grants.gov: Friday, October 7, 2016

Application Due Date: Monday, December 12, 2016

<http://www.samhsa.gov/grants/grant-announcements/ti-17-001>

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SAMHSA MATx



Pending release: <http://store.samhsa.gov/apps/mat/>

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RECONFIGURING THE WORKFORCE



The Pew Charitable Trusts / Research & Analysis /
Stateline / Nurses Step In to Boost Treatment for
Opioid Addiction

STATELINE

Nurses Step In to Boost Treatment for Opioid Addiction

August 31, 2016

By Christine Vestal



Exemptions for PAs/NPs
under 42 CFR 8.11(h):

SAMHSA DATA 2016

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Medications

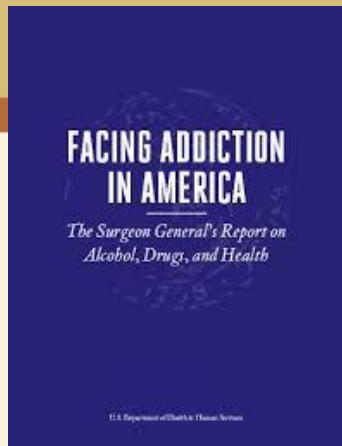
- Methadone and buprenorphine are approved by the FDA to treat opioid use disorder
 - Both are opioid agonists
- Extended-release injectable naltrexone is approved by the FDA for the prevention of relapse to opioid use after detoxification
 - An opioid antagonist

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Benefits of MAT

- Reduces all cause mortality
- Reduces HIV risk
- Improves adherence to medical treatment
- Improves social function
- Decreases criminal behaviors
- Decreases drug use

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Everyone has a role to play in addressing substance misuse and substance use disorders and in changing the conversation around substance use, to improve the health, safety, and well-being of individuals and communities across our nation.



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State Level Activity on Opiates



Legislators considered at least 536 bills across 47 states related to prescription drug abuse prevention in 2016

- ➔ Prescribing Guidelines 8
- ➔ Prescription Drug Monitoring Programs 53
- ➔ Rescue Drugs 40
- ➔ Provider Training 11
- ➔ Pain clinics 17

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Working together to make a difference

THANK YOU

Anita.Everett@samhsa.hhs.gov



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